

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HUCK PAC

ADDRESS (number and street)

PO BOX 2008

☐Check if different  
than previously  
reported. (ACC)

LITTLE ROCK

AR

72203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00448373

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bryan Jeffrey

Signature of Treasurer

Electronically Filed by Bryan Jeffrey

Date

07

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
HUCK PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1  | 2010                    | 192151.24                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 232787.49               |                                   |
| (c) Total Receipts (from Line 19) .....   | 258582.74               | 531409.71                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 491370.23               | 723560.95                         |
| 7. Total Disbursements (from Line 31) .....   | 262065.30               | 494256.02                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 229304.93               | 229304.93                         |
| 9. Debts and Obligations owed TO<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name  
HUCK PAC

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A) .....            | 46890.60                      | 111515.60                         |
| (ii) Unitemized .....  | 210692.14                     | 393763.81                         |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii) .....  | 257582.74                     | 505279.41                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                          | 1000.00                           |
| (d) Total Contributions (add Lines<br>11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5) .....     | 257582.74                     | 506279.41                         |
| 12. Transfers From Affiliated/Other<br>Party Committees .....  | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5) ..... | 0.00                          | 24130.30                          |
| 16. Refunds of Contributions Made<br>to Federal candidates and Other<br>Political Committees .....           | 1000.00                       | 1000.00                           |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.) .....  | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account<br>(from Schedule H3) .....  | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18(c)) .....                             | 258582.74                     | 531409.71                         |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) .....                                       | 258582.74                     | 531409.71                         |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |           |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |           |                               |                                   |
| (i) Federal Share.....   | 0.00      | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00      | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 192380.30 | 403021.02                     |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 192380.30 | 403021.02                     |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00      | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 50500.00  | 64000.00                      |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00      | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00      | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00      | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00      | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |           |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 185.00    | 235.00                        |                                   |
| (b) Political Party Committees   | 0.00      | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00      | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 185.00    | 235.00                        |                                   |
| 29. Other Disbursements.....   | 19000.00  | 27000.00                      |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |           |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |           |                               |                                   |
| (i) Federal Share .....  | 0.00      | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00      | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00      | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00      | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 262065.30 | 494256.02                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 262065.30 | 494256.02                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 257582.74                     | 506279.41                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 185.00                        | 235.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 257397.74                     | 506044.41                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 192380.30                     | 403021.02                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 24130.30                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 192380.30                     | 378890.72                         |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.88245

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.88615

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.89890

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.90674

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.91811

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.92116

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law OfficeOccupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92272

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law OfficeOccupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.94553

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law OfficeOccupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97206

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Refior Law Office

Occupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97688

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David Anderson

Mailing Address P.O. Box 9772

City

Birmingham

State

AL

Zip Code

35220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eagle CPS Security

Occupation  
Bank Guard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.86105

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer Center

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.86891

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer Center

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.91171

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ernest Bianco

Mailing Address 8902 Eagle Pt. Loop Road SW

City

Lakewood

State

WA

Zip Code

98498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.86857

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest Bianco

Mailing Address 8902 Eagle Pt. Loop Road SW

City

Lakewood

State

WA

Zip Code

98498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.91586

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Cheryl Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.87842

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.92110

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Roy Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.87841

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Roy Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.92109

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Boothe

Mailing Address 1001 East FM 700

City

Big Spring

State

TX

Zip Code

79720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth C Boothe & Compan-  
y, PC

Occupation

Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.87419

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Peggy Bost

Mailing Address 5107 Cerro Vista

City

San Antonio

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Peggy Bost

Mailing Address 5107 Cerro Vista

City

San Antonio

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.90750

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Peggy Bost

Mailing Address 5107 Cerro Vista

City

San Antonio

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.94301

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Botkin

Mailing Address 1202 Breakers W. Boulevard

City

West Palm Beach

State

FL

Zip Code

33411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consulting Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.92846

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.84494

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.84655

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.88239

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93556

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Roger Cain

Mailing Address 1496 Cotaco-Florette Rd

City

Somerville

State

AL

Zip Code

35670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96739

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela Carr

Mailing Address 4610 Lea Lane

City

Richmond

State

TX

Zip Code

77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.91526

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

John Caswell

Mailing Address 2425 Parkwood Dr

City

Grand Prairie

State

TX

Zip Code

75050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alford Media Services

Occupation

Manager of Audio Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.82662

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Caswell

Mailing Address 2425 Parkwood Dr

City

Grand Prairie

State

TX

Zip Code

75050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alford Media Services

Occupation

Manager of Audio Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.89226

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Patt Cavanaugh

Mailing Address 532 Ferndale Road West

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.98205

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.86318

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.91151

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.91414

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97693

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.85863

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.88244

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.89057

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.91242

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93584

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97459

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joshua Clinard

Mailing Address P.O. Box 15294

City

Norfolk

State

VA

Zip Code

23511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Submariner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.84797

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Joshua Clinard

Mailing Address P.O. Box 15294

City

Norfolk

State

VA

Zip Code

23511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Submariner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.88265

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Joshua Clinard

Mailing Address P.O. Box 15294

City

Norfolk

State

VA

Zip Code

23511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NavyOccupation  
Submariner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.94533

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra Coffman

Mailing Address P.O. Box 10625

City

Fort Smith

State

AR

Zip Code

72917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86229

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rosé LLPOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.83373

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

375.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLPOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 7 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.85951

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLPOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86478

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLPOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 6 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.88396

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.90558

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92263

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96748

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Cosgray

Mailing Address 507 East Bell

City

McConnelsville

State

OH

Zip Code

43756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.83857

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Leslie Crawford

Mailing Address 25 CR 511

City

Como

State

MS

Zip Code

38619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96813

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Carole Dowdy

Mailing Address 704 Usher St.

City

Mayfield

State

KY

Zip Code

42066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.86255

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Ramona Elkins

Mailing Address 77810 Calle Temecula

City

La Quinta

State

CA

Zip Code

92253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vintage Associates, Inc.

Occupation

Payroll Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92307

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ramona Elkins

Mailing Address 77810 Calle Temecula

City

La Quinta

State

CA

Zip Code

92253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vintage Associates, Inc.

Occupation

Payroll Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97492

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.86874

Amount of Each Receipt this Period

20.10

**SUBTOTAL** of Receipts This Page (optional) .....

95.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.89058

Amount of Each Receipt this Period

20.10

**B.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.91802

Amount of Each Receipt this Period

20.10

**C.**

Full Name (Last, First, Middle Initial)

Gregg Esakoff

Mailing Address 818 Dakota Place

City

Whitefish

State

MT

Zip Code

59937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Engineer Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.86459

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2040.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregg Esakoff

Mailing Address 818 Dakota Place

City

Whitefish

State

MT

Zip Code

59937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Engineer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.94730

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rhodes Eugene

Mailing Address 3900 Park Green Dr.

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhodes Development Co.

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.94680

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Fain

Mailing Address 26 Hibiscus Lane

City

Warwick

State

RI

Zip Code

02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott Fain

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.94915

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Janis Fitzgerald

Mailing Address 4834 Elkhorn Hill Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.86409

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Ford

Mailing Address 3434 Edwards Mill Rd

City

Raleigh

State

NC

Zip Code

27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADT Security Services

Occupation  
Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96726

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Fowlkes

Mailing Address 12035 Olympic Club Drive

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Spirit

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.83901

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent Music LLC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.84152

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent Music LLC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.85268

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent Music LLC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.87130

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent Music LLC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.89874

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent Music LLC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97397

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Judy Gerren

Mailing Address 2329 Scottsdale Court

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Insurance sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.95088

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 31 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Roy Gilbert

Mailing Address 5410 Saddlecreek Ln.

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.95611

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.87850

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.87851

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.89918

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.92150

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.92151

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.92152

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.92153

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.92154

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.92155

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy Gordon

Mailing Address 43191 Jones Rd.

City

Wellington

State

OH

Zip Code

44090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.87766

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Gore

Mailing Address #13 Southpark

City

Dalhart

State

TX

Zip Code

79022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.83690

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Graves

Mailing Address 7629 Densmore Ave

City

Van Nuys

State

CA

Zip Code

91406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Motorsports

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.85459

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Graves

Mailing Address 7629 Densmore Ave

City

Van Nuys

State

CA

Zip Code

91406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Motorsports

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.88700

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Graves

Mailing Address 7629 Densmore Ave

City

Van Nuys

State

CA

Zip Code

91406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Motorsports

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96689

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.84267

Amount of Each Receipt this Period

20.10

**B.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.88123

Amount of Each Receipt this Period

20.10

**C.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.92181

Amount of Each Receipt this Period

20.10

**SUBTOTAL** of Receipts This Page (optional) .....

60.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92345

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sheryl Guth

Mailing Address 2315 Bristol Drive

City

Carrollton

State

TX

Zip Code

75006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Airlines

Occupation  
Flight Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.87839

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kathy Hammock

Mailing Address 140 Fairway Run

City

Forsyth

State

GA

Zip Code

31029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.86326

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Pete Hanna

Mailing Address P.O. Box 558

City

Fairfield

State

AL

Zip Code

35064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.93191

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.84827

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.86810

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.87395

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.91345

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Knute Hansston

Mailing Address 11218 Mountain View Drive

City

Madera

State

CA

Zip Code

93636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.87886

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.91344

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.92169

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.92170

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.92171

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.94193

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Tiffany Hendry

Mailing Address 32 E 39th St

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kipany Productions, Ltd

Occupation  
Marketing/Media

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97095

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

785.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Lou Higginbotham

Mailing Address 5515 71st Street

City

Lubbock

State

TX

Zip Code

79424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.90145

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Houff

Mailing Address P. O. BOX 55768

City

Houston

State

TX

Zip Code

77255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Houff Energy Corporation

Occupation  
Petroleum Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93630

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles F. Jenks, Jr.

Mailing Address 800 Diligence Drive

City

Newport News

State

VA

Zip Code

23606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Certified Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.86645

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Joanne A. Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.85290

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne A. Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.88185

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joanne A. Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.88186

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Joanne A. Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92223

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Don Kelley

Mailing Address 204 Willowbrook

City

Athens

State

TX

Zip Code

75751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.87736

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Don Kelley

Mailing Address 204 Willowbrook

City

Athens

State

TX

Zip Code

75751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.89750

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Don Kelley

Mailing Address 204 Willowbrook

City

Athens

State

TX

Zip Code

75751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93902

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Kieffer

Mailing Address 120 Rainbow dr. 2083

City

Livingston

State

TX

Zip Code

77399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.88240

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kyungae Kim

Mailing Address 19486 E 58th Cir

City

Aurora

State

CO

Zip Code

80019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Colorado Ho-  
spital

Occupation  
Medical Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.89114

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 46 / 165

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Kincaid

Mailing Address P.O. Box 522

City

Del Rio

State

TX

Zip Code

78841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.95358

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.84933

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.85847

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 47 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.86776

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.88557

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.91079

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.94683

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Komarek

Mailing Address 2033 Turk Hill Rd

City

Fairport

State

NY

Zip Code

14450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANKOM Technology

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.85149

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lago

Mailing Address 59-055 Olomana Rd

City

Kamuela

State

HI

Zip Code

96743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97719

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Lewis

Mailing Address 124 Thrush Avenue

City State Zip Code  
Pekin IL 61554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home School Enrichment,  
Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.86369

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Lewis

Mailing Address 124 Thrush Avenue

City State Zip Code  
Pekin IL 61554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home School Enrichment,  
Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.91479

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Lewis

Mailing Address 124 Thrush Avenue

City State Zip Code  
Pekin IL 61554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Home School Enrichment,  
Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.94254

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Shelby Lorenzen

Mailing Address 3941 Nikita Drive

City

Hope Mills

State

NC

Zip Code

28348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.86223

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Shelby Lorenzen

Mailing Address 3941 Nikita Drive

City

Hope Mills

State

NC

Zip Code

28348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.92845

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Luedtke

Mailing Address P.O. Box 1660

City

Brenham

State

TX

Zip Code

77834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.98437

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Gilbert A. Mathews

Mailing Address P.O. Box 911

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86355

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gilbert A. Mathews

Mailing Address P.O. Box 911

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.90887

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Diana Matthews

Mailing Address 203 E. College St.

City

Whiteville

State

NC

Zip Code

28472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus PediatricsOccupation  
Spanish Interpreter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.95130

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Mace Meeks

Mailing Address 1215 Danbury Road

City

Houston

State

TX

Zip Code

77055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.90121

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jeri Merritt

Mailing Address 159 N 4258 RD

City

Pryor

State

OK

Zip Code

74361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MetLife

Occupation  
Client Retention

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93564

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address 227 N. Tranquil Path Drive.

City

Spring

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Garment Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.86952

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.86449

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.88427

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.91141

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Loretta Neal

Mailing Address 1301 Ave I

City State Zip Code  
 Anson TX 79501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.91144

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 R. Nelson

Mailing Address 9008 River Ridge Drive

City State Zip Code  
 Texarkana TX 75503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Homemaker

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.90109

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 Stuart Nickerson

Mailing Address 12 East Madison

City State Zip Code  
 Pittsboro NC 27312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96701

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

F M Norwich

Mailing Address 89 Rainey Street

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97220

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City

Cedar Rapids

State

IA

Zip Code

52405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.84762

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City

Cedar Rapids

State

IA

Zip Code

52405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.87452

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City

Cedar Rapids

State

IA

Zip Code

52405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93784

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City

Cedar Rapids

State

IA

Zip Code

52405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.94171

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Payton

Mailing Address 5303 E 79th St

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Celebrity Attractions

Occupation

President/CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.85947

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Quisenberry

Mailing Address 1215 Broadview Loop

City

Los Lunas

State

NM

Zip Code

87031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.89206

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Redfield

Mailing Address 5129 Creek Drive

City

Western Springs

State

IL

Zip Code

60558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.94566

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David Rhodes

Mailing Address 459 Winding Way

City

Covington

State

VA

Zip Code

24426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MeadWestvaco

Occupation  
Tour Instrument Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.97672

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

L David Rue

Mailing Address 115 Wilson Drive

City

Xenia

State

OH

Zip Code

45385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.94745

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joan Schmidt

Mailing Address 4506 Providence Point Place SE

City

Issaquah

State

WA

Zip Code

98029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.94304

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Schneider

Mailing Address 1800 S. Washington

City

Amarillo

State

TX

Zip Code

79102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steven C. Schneider, PHD,  
PLLC

Occupation  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96731

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Roger Sherman

Mailing Address 1124 12th Ave NW

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.82809

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Roger Sherman

Mailing Address 1124 12th Ave NW

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.85930

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Roger Sherman

Mailing Address 1124 12th Ave NW

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.89885

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Frances Shuler

Mailing Address 1031 Wagon Wheel Court

City

Gardnerville

State

NV

Zip Code

89460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.86257

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

George Singleton

Mailing Address p o box 717

City

waxahachie

State

TX

Zip Code

75168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNB OF TEXAS

Occupation  
Commercial Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.83305

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Stanley

Mailing Address 313 Leonard Hunt Road

City

Leesville

State

LA

Zip Code

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First National Bank Derid-  
der

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.90324

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Justin Stanley

Mailing Address 313 Leonard Hunt Road

City

Leesville

State

LA

Zip Code

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First National Bank Derid-  
der

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.90325

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Darlene Stevens

Mailing Address 46073 Buells Crns Road

City

Spartansburg

State

PA

Zip Code

16434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.J.Hicks Lumber Co.

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.82409

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Darlene Stevens

Mailing Address 46073 Buells Crns Road

City

Spartansburg

State

PA

Zip Code

16434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.J.Hicks Lumber Co.

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.85840

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Darlene Stevens

Mailing Address 46073 Buells Crns Road

City

Spartansburg

State

PA

Zip Code

16434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.J.Hicks Lumber Co.Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.89043

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Anne Stevenson

Mailing Address 403 Nighthawk Court

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86539

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Anne Stevenson

Mailing Address 403 Nighthawk Court

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.89975

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Taylor

Mailing Address P. O. Box 26

City

Calvert

State

AL

Zip Code

36513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Taylor Services, Inc.Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.84304

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Wilfred Templeton

Mailing Address 323 Ben Franklin Dr.

City

Sarasota

State

FL

Zip Code

34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86253

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Thomason

Mailing Address 501 W. Kamm Ave.

City

Kingsburg

State

CA

Zip Code

93631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.84902

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

1025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary Thomason

Mailing Address 501 W. Kamm Ave.

City

Kingsburg

State

CA

Zip Code

93631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.85351

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Thomason

Mailing Address 501 W. Kamm Ave.

City

Kingsburg

State

CA

Zip Code

93631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.85862

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John B. Thomson

Mailing Address 3144 Doral Drive

City

Daytona Beach

State

FL

Zip Code

32128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.83664

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Eve Tomassini

Mailing Address 3075 Leeds Rd.

City

Columbus

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93650

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.84449

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.88174

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City State Zip Code  
 Glasgow KY 42141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.88175

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City State Zip Code  
 Glasgow KY 42141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92214

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City State Zip Code  
 Glasgow KY 42141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.92215

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Meredith Turner

Mailing Address 3050 Margaret Mitchell Dr

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
24/7 Gateway, LLC

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.89351

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Meredith Turner

Mailing Address 3050 Margaret Mitchell Dr

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
24/7 Gateway, LLC

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.93624

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Van Putte

Mailing Address 111 Sleepy Oaks Road NW

City

Fort Walton Beach

State

FL

Zip Code

32548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.96780

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Waldron

Mailing Address 14090 SW Freddway  
Suite 300City State Zip Code  
Sugarland TX 77478FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.86970

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Darryl Waltisperger

Mailing Address 1600 Bench Trail

City State Zip Code  
Schertz TX 78154FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San AntonioOccupation  
Fire Fighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.87702

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Darryl Waltisperger

Mailing Address 1600 Bench Trail

City State Zip Code  
Schertz TX 78154FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San AntonioOccupation  
Fire Fighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.89294

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

325.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Darryl Waltisperger

Mailing Address 1600 Bench Trail

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Schertz | TX    | 78154    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San AntonioOccupation  
Fire Fighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.92467

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Darryl Waltisperger

Mailing Address 1600 Bench Trail

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Schertz | TX    | 78154    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San AntonioOccupation  
Fire Fighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.94087

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Darryl Waltisperger

Mailing Address 1600 Bench Trail

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Schertz | TX    | 78154    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San AntonioOccupation  
Fire Fighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.96947

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Donna Wheeler

Mailing Address 3740 Chimney Ridge

City

Waco

State

TX

Zip Code

76708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waco Neonatal Group

Occupation

Accountant/Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.90643

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Williams, Jr.

Mailing Address 2202 Broadfield Run

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.97790

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Kelly Williams

Mailing Address 111 Cattle Trail Way

City

Georgetown

State

TX

Zip Code

78633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.86227

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 165

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Williams

Mailing Address 867 Main Street

City

Gibbsland

State

LA

Zip Code

71028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gibbsland Bank and Trust

Occupation

Bank Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.84048

Amount of Each Receipt this Period

5000.00

Reattribution Requested

**B.**

Full Name (Last, First, Middle Initial)

Matt Wisenbaker

Mailing Address 724 Mountainview

City

Montgomery

State

TX

Zip Code

77356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisenbaker Builder Services

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 4 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.89618

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David Wood

Mailing Address 5586 Eichman Rd.

City

Von Ormy

State

TX

Zip Code

78073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wood Medical Group, PA

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 1 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.88124

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

5550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

David Wood

Mailing Address 5586 Eichman Rd.

City

Von Ormy

State

TX

Zip Code

78073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wood Medical Group, PA

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.92180

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert W. Wright

Mailing Address P.O. Box 437

City

Charleston

State

TN

Zip Code

37310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright Bros. Construction  
Co.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.98681

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5050.00

**TOTAL** This Period (last page this line number only) .....

46890.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 165

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Team Vander Plaats

Mailing Address P.O. Box 2010

City

Sioux City

State

IA

Zip Code

51104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA16.98720

Amount of Each Receipt this Period

1000.00

Refund of Prior Contribut-  
ion

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NAME OF COMMITTEE (In Full)  
HUCK PAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Apptix DBA MailStreet   | <b>Transaction ID:</b> SB21B.88880<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address Dept. CH19172  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 1 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |        | 0 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Palatine State IL Zip Code 60055  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Blackberry Service<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">148.31</td> </tr> </table>   | 148.31 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 148.31   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Apptix DBA MailStreet   | <b>Transaction ID:</b> SB21B.88930<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address Dept. CH19172  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 1 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |        | 2 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Palatine State IL Zip Code 60055  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Blackberry Service<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">148.31</td> </tr> </table>   | 148.31 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 148.31   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Argenta Computer Care, LLC  | <b>Transaction ID:</b> SB21B.88811<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 401 Main Street #206   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 6 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |        | 2 | 6 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City North Little Rock State AR Zip Code 72114   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Office Expense - Set up for MAC Computer<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">240.00</td> </tr> </table>   | 240.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 240.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**536.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Arkansas Dept. of Finance & Administration

Mailing Address P.O. Box 9941

City Little Rock State AR Zip Code 72203-9941

Purpose of Disbursement  
Estimated Tax Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88793

Date of Disbursement

/   /

Amount of Each Disbursement this Period

690.00

**B.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. Box 650661

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

392.71

**C.**

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. Box 650661

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

322.64

**SUBTOTAL** of Disbursements This Page (optional) .....

1405.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>AT&T  | <b>Transaction ID:</b> SB21B.88917<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 650661  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |        | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Dallas State TX Zip Code 75265  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">294.99</td> </tr> </table>   | 294.99 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 294.99   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>AT&T Mobility   | <b>Transaction ID:</b> SB21B.88781<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 6463  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 3 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |        | 1 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Carol Stream State IL Zip Code 60197  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">303.27</td> </tr> </table>   | 303.27 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 303.27   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>AT&T Mobility   | <b>Transaction ID:</b> SB21B.88854<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 6463  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 7 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |        | 1 | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Carol Stream State IL Zip Code 60197  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">378.45</td> </tr> </table>   | 378.45 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 378.45   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**976.71**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>AT&T Mobility<br>Mailing Address P.O. Box 6463  | <b>Transaction ID:</b> SB21B.88931<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 1 0</div> </div>  |
| City State Zip Code<br>Carol Stream IL 60197<br>Purpose of Disbursement<br>Telephone Service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:   | <b>Amount of Each Disbursement this Period</b><br><div>373.36</div>  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Capitol Resources, Inc.<br>Mailing Address 3213 Duke Street #672<br>City State Zip Code<br>Alexandria VA 22314<br>Purpose of Disbursement<br>Telemarketing - PAC Fundraising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:       | <b>Transaction ID:</b> SB21B.88791<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>786.78</div>  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Capitol Resources, Inc.<br>Mailing Address 3213 Duke Street #672<br>City State Zip Code<br>Alexandria VA 22314<br>Purpose of Disbursement<br>Check Issued on March 30, 2010 Voided<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | <b>Transaction ID:</b> SB21B.98693<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>-339.30</div> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**820.84**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street<br/>#672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88836</p> <p>Date of Disbursement<br/>05 / 09 / 2010</p> <p>Amount of Each Disbursement this Period<br/>339.30</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street<br/>#672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88853</p> <p>Date of Disbursement<br/>05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period<br/>77.43</p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street<br/>#672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88894</p> <p>Date of Disbursement<br/>06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2032.20</p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

2448.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
Capitol Resources, Inc.

Mailing Address 3213 Duke Street  
#672

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Telemarketing - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88916

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1222.11

B.

Full Name (Last, First, Middle Initial)  
Capitol Resources, Inc.

Mailing Address 3213 Duke Street  
#672

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Telemarketing - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88933

Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

2158.17

C.

Full Name (Last, First, Middle Initial)  
Capitol Resources, Inc.

Mailing Address 3213 Duke Street  
#672

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Telemarketing - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98665

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1113.41

SUBTOTAL of Disbursements This Page (optional) .....

4493.69

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street<br/>#672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98666<br/> <b>Date of Disbursement</b><br/> <div>06 / 30 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>3560.46</div></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>ccAdvertising</p> <p>Mailing Address 13800 Coppermine Road</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement<br/>Advertising - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                    | <p><b>Transaction ID:</b> SB21B.88834<br/> <b>Date of Disbursement</b><br/> <div>05 / 09 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>5000.00</div></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>ccAdvertising</p> <p>Mailing Address 13800 Coppermine Road</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement<br/>Advertising - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                    | <p><b>Transaction ID:</b> SB21B.88882<br/> <b>Date of Disbursement</b><br/> <div>06 / 01 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>5000.00</div></p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**13560.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

ccAdvertising

Mailing Address 13800 Coppermine Road

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Advertising - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98706

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88746

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

2060.00

C.

Full Name (Last, First, Middle Initial)

Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88784

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

2060.00

SUBTOTAL of Disbursements This Page (optional) .....

9120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Judith A. Crouch  | <b>Transaction ID:</b> SB21B.88820<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 59 Belmont Drive   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72204   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll  | <table border="1"> <tr> <td colspan="10">2060.00</td> </tr> </table>  | 2060.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2060.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Judith A. Crouch  | <b>Transaction ID:</b> SB21B.88841<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 59 Belmont Drive   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72204   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll  | <table border="1"> <tr> <td colspan="10">2060.00</td> </tr> </table>  | 2060.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2060.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Judith A. Crouch  | <b>Transaction ID:</b> SB21B.88870<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 59 Belmont Drive   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 8 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72204   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll  | <table border="1"> <tr> <td colspan="10">2060.00</td> </tr> </table>  | 2060.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2060.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**6180.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88902

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2060.00

**B.**

Full Name (Last, First, Middle Initial)  
Delta Trust & Bank

Mailing Address 11700 Cantrell Road

City Little Rock State AR Zip Code 72222

Purpose of Disbursement  
Employee Benefits

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.98703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)  
Delta Trust & Bank

Mailing Address 11700 Cantrell Road

City Little Rock State AR Zip Code 72222

Purpose of Disbursement  
Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88897

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4387.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Delta Trust & Bank  | <b>Transaction ID:</b> SB21B.88899<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 11700 Cantrell Road  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72222   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Bank Charges<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">108.00</td> </tr> </table>   | 108.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 108.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Direct Response Strategies  | <b>Transaction ID:</b> SB21B.88936<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4025 Ellicott Street   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 3 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 2 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Alexandria State VA Zip Code 22304  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Postage<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">2093.00</td> </tr> </table>  | 2093.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2093.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Kristin Dulin   | <b>Transaction ID:</b> SB21B.88758<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 629 St. James Place  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Coppell State TX Zip Code 75019   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Health Insurance Reimbursement<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">926.80</td> </tr> </table>   | 926.80  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 926.80   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3127.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Kristin Dulin<br>Mailing Address 629 St. James Place   | <b>Transaction ID:</b> SB21B.88759<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 1 0</div> </div>  |
| City State Zip Code<br>Coppell TX 75019<br>Purpose of Disbursement<br>Travel Reimb. - no itemization required<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>1838.08</div>   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Kristin Dulin<br>Mailing Address 629 St. James Place<br>City State Zip Code<br>Coppell TX 75019<br>Purpose of Disbursement<br>Telephone Service Reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B.88775<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>1102.70</div> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>J. Hogan Gidley<br>Mailing Address 2507 Rigby Drive<br>City State Zip Code<br>Columbia SC 29204<br>Purpose of Disbursement<br>Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | <b>Transaction ID:</b> SB21B.88747<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>5000.00</div> |

**SUBTOTAL** of Disbursements This Page (optional) .....

7940.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88785

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88842

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Office Expense & Travel Expense Reimbursements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88856

Date of Disbursement

/   /

Amount of Each Disbursement this Period

544.62

**B.**

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Insurance Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88919

Date of Disbursement

/   /

Amount of Each Disbursement this Period

191.02

**SUBTOTAL** of Disbursements This Page (optional) .....

5735.64

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88903

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

GSL Solutions, Inc.

Mailing Address 1411 N. Westshore Boulevard  
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Web Development/Hosting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.98596

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

7018.50

**C.**

Full Name (Last, First, Middle Initial)

GSL Solutions, Inc.

Mailing Address 1411 N. Westshore Boulevard  
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Web Development/Hosting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.98597

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

5340.58

**SUBTOTAL** of Disbursements This Page (optional) .....

17359.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>GSL Solutions, Inc.</p> <p>Mailing Address 1411 N. Westshore Boulevard<br/>Suite 204</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement<br/>Web Development/Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98598</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>3589.63</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Katherine E. Harris</p> <p>Mailing Address 3226 Stonepine</p> <p>City Bryant State AR Zip Code 72022</p> <p>Purpose of Disbursement<br/>Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB21B.88748</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>1201.67</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Katherine E. Harris</p> <p>Mailing Address 3226 Stonepine</p> <p>City Bryant State AR Zip Code 72022</p> <p>Purpose of Disbursement<br/>Health &amp; Dental Insurance Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB21B.88789</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>130.75</p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

4922.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Katherine E. Harris   | <b>Transaction ID:</b> SB21B.88786<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3226 Stonepine   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Bryant AR 72022   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll   | <table border="1"> <tr> <td colspan="10">1201.67</td> </tr> </table>  | 1201.67 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1201.67  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Katherine E. Harris   | <b>Transaction ID:</b> SB21B.88822<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3226 Stonepine   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Bryant AR 72022   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll   | <table border="1"> <tr> <td colspan="10">1201.67</td> </tr> </table>  | 1201.67 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1201.67  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Katherine E. Harris   | <b>Transaction ID:</b> SB21B.88829<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3226 Stonepine   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Bryant AR 72022   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Health & Dental Insurance Reimbursements  | <table border="1"> <tr> <td colspan="10">130.75</td> </tr> </table>   | 130.75  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 130.75   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2534.09**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88843

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Health & Dental Insurance Reimbursements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2534.09**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Katherine E. Harris   | <b>Transaction ID:</b> SB21B.88904<br><b>Date of Disbursement</b>   |
| Mailing Address 3226 Stonepine   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 0</div> </div>  |
| City State Zip Code<br>Bryant AR 72022   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Payroll   | <div>1201.67</div>  |
| Candidate Name   | <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Holtzman Vogel, PLLC  | <b>Transaction ID:</b> SB21B.88813<br><b>Date of Disbursement</b>   |
| Mailing Address 98 Alexandria Pike Suite 53  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div>  |
| City State Zip Code<br>Warrenton VA 20186  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Consulting - Legal  | <div>1083.75</div>  |
| Candidate Name   | <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Holtzman Vogel, PLLC  | <b>Transaction ID:</b> SB21B.88883<br><b>Date of Disbursement</b>   |
| Mailing Address 98 Alexandria Pike Suite 53  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 0</div> </div>  |
| City State Zip Code<br>Warrenton VA 20186  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Consulting - Legal  | <div>1968.75</div>  |
| Candidate Name   | <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

4254.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
Holtzman Vogel, PLLC

Mailing Address 98 Alexandria Pike  
Suite 53

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Consulting - Legal

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88918

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

295.00

B.

Full Name (Last, First, Middle Initial)  
Lauren Huckabee

Mailing Address #2 Cedar Point Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88844

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)  
Lauren Huckabee

Mailing Address #2 Cedar Point Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Blackberry Service & Insurance Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88855

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

375.00

SUBTOTAL of Disbursements This Page (optional) .....

2170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Lauren Huckabee   | <b>Transaction ID:</b> SB21B.88873<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address #2 Cedar Point Court   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 8 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72211   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll   | <table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>  | 1500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1500.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Lauren Huckabee   | <b>Transaction ID:</b> SB21B.88912<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address #2 Cedar Point Court   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72211   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Insurance & Blackberry Service Reimbursements   | <table border="1"> <tr> <td colspan="10">375.00</td> </tr> </table>   | 375.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 375.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Lauren Huckabee   | <b>Transaction ID:</b> SB21B.88905<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address #2 Cedar Point Court   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72211   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll   | <table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>  | 1500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1500.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3375.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Internal Revenue Service   | <b>Transaction ID:</b> SB21B.88794<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 12192   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Covington State KY Zip Code 41012   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Federal Estimated Tax - First Quarter   | <table border="1"> <tr> <td colspan="10">2985.00</td> </tr> </table>  | 2985.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2985.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Internal Revenue Service   | <b>Transaction ID:</b> SB21B.88921<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 12192   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Covington State KY Zip Code 41012   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Federal Estimated Tax - Second Quarter  | <table border="1"> <tr> <td colspan="10">3980.00</td> </tr> </table>  | 3980.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3980.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>J&K Aviation   | <b>Transaction ID:</b> SB21B.88943<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 1228  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 7 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 2 | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Mountain View State AR Zip Code 72560   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Travel  | <table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>  | 3500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3500.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

10465.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>David M. John   | <b>Transaction ID:</b> SB21B.88749<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 15 Thankful Bradley Road   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 1 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 0 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Redding State CT Zip Code 06896  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll  | <table border="1"> <tr> <td colspan="10">1751.00</td> </tr> </table>  | 1751.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1751.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>David M. John   | <b>Transaction ID:</b> SB21B.88787<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 15 Thankful Bradley Road   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Redding State CT Zip Code 06896  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll  | <table border="1"> <tr> <td colspan="10">1751.00</td> </tr> </table>  | 1751.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1751.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>David M. John   | <b>Transaction ID:</b> SB21B.88823<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 15 Thankful Bradley Road   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City West Redding State CT Zip Code 06896  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll  | <table border="1"> <tr> <td colspan="10">1751.00</td> </tr> </table>  | 1751.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1751.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

5253.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
David M. John

Mailing Address 15 Thankful Bradley Road

City State Zip Code  
West Redding CT 06896

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88845

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

1751.00

B.

Full Name (Last, First, Middle Initial)  
David M. John

Mailing Address 15 Thankful Bradley Road

City State Zip Code  
West Redding CT 06896

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88874

Date of Disbursement

05 / 28 / 2010

Amount of Each Disbursement this Period

1751.00

C.

Full Name (Last, First, Middle Initial)  
David M. John

Mailing Address 15 Thankful Bradley Road

City State Zip Code  
West Redding CT 06896

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88906

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

1751.00

SUBTOTAL of Disbursements This Page (optional) .....

5253.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
JPMS Cox

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98593  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
JPMS Cox

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98594  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
JPMS Cox

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98595  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
LCM Strategies

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88810

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
LCM Strategies

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88878

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
LCM Strategies

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88932

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
Charles Levine

Mailing Address P.O. B0x 7834

City Jerusalem State ZZ Zip Code

Purpose of Disbursement  
Check Written on 01/27/10 Voided

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98679

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 6 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

-2500.00

**B.**Full Name (Last, First, Middle Initial)  
Metro

Mailing Address 124 West Capitol Ave.

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
Postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88830

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1057.60

**C.**Full Name (Last, First, Middle Initial)  
Optus, Inc.

Mailing Address P.O. Box 2503

City Jonesboro State AR Zip Code 72402

Purpose of Disbursement  
Telephone Equipment Rental

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88835

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

398.62

SUBTOTAL of Disbursements This Page (optional) .....

-1043.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Optus, Inc.

Mailing Address P.O. Box 2503

City Jonesboro State AR Zip Code 72402

Purpose of Disbursement  
Telephone Equipment Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88884

Date of Disbursement

/   /

Amount of Each Disbursement this Period

199.31

**B.**

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.98524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1182.96

**C.**

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88788

Date of Disbursement

/   /

Amount of Each Disbursement this Period

155.23

**SUBTOTAL** of Disbursements This Page (optional) .....

1537.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road<br/>Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98529</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 1 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>1072.86</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road<br/>Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98531</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>886.09</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road<br/>Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98533</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>14.57</p>   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1973.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: SB21B.88828

Date of Disbursement

/   /

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: SB21B.98534

Date of Disbursement

/   /

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Paychex, Inc.

Transaction ID: SB21B.98537

Date of Disbursement

/   /

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road<br/>Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement<br/>Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88907</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>89.01</div> </div> </p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road<br/>Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement<br/>Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88908</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>85.51</div> </div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road<br/>Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB21B.98538</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>948.18</div> </div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1122.70**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88741<br/> <b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>127.20</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88750<br/> <b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>35.14</div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88751<br/> <b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>17.35</div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**179.69**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88752</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>15.17</div> </div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88753</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>17.54</div> </div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88754</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>5.98</div> </div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**38.69**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.58

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.04

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88757

Date of Disbursement

/   /

Amount of Each Disbursement this Period

93.81

**SUBTOTAL** of Disbursements This Page (optional) .....

113.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88777</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>85.76</div> </div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88778</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>23.32</div> </div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88779</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>69.55</div> </div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**178.63**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88780<br/><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>8.24</div> </div> </p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88783<br/><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>13.63</div> </div> </p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88798<br/><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>188.78</div> </div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**210.65**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88799</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>23.50</div> </div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88800</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>8.07</div> </div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88801</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>5.40</div> </div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**36.97**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.88802<br><b>Date of Disbursement</b>   |
| Mailing Address 4100 Solutions Center<br>#774100   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 1 0</div> </div>  |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <div> <div>12.87</div> <div>Category/Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.88803<br><b>Date of Disbursement</b>   |
| Mailing Address 4100 Solutions Center<br>#774100   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 1 0</div> </div>  |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <div> <div>215.27</div> <div>Category/Type</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.88804<br><b>Date of Disbursement</b>   |
| Mailing Address 4100 Solutions Center<br>#774100   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 1 0</div> </div>  |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <div> <div>109.25</div> <div>Category/Type</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**337.39**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

113.72

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88806

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.25

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.14

**SUBTOTAL** of Disbursements This Page (optional) .....

175.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88808</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 5 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>17.65</div> </div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88809</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>9.62</div> </div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88814</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>39.55</div> </div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**66.82**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88815

Date of Disbursement

/   /

Amount of Each Disbursement this Period

122.19

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

180.02

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.98683

Date of Disbursement

/   /

Amount of Each Disbursement this Period

163.31

**SUBTOTAL** of Disbursements This Page (optional) .....

465.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98684</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>19.95</div> </div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98685</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>16.13</div> </div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98686</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>15.09</div> </div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

51.17

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.98687

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.20

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.98688

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.72

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.98689

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112.90

**SUBTOTAL** of Disbursements This Page (optional) .....

125.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98690

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

5.05

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98691

Date of Disbursement

05 / 08 / 2010

Amount of Each Disbursement this Period

4.28

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.98692

Date of Disbursement

05 / 09 / 2010

Amount of Each Disbursement this Period

6.17

SUBTOTAL of Disbursements This Page (optional) .....

15.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88837</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 0 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>8.19</div> </div> </p>   |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88838</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>5.53</div> </div> </p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88839</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>209.77</div> </div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**223.49**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88840

Date of Disbursement

/   /

Amount of Each Disbursement this Period

138.53

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.85

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.54

**SUBTOTAL** of Disbursements This Page (optional) .....

171.92

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.88850

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 6 |   | 2 | 0 | 1 | 0 |

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

13.43

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.88851

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 7 |   | 2 | 0 | 1 | 0 |

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

14.25

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.88857

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 8 |   | 2 | 0 | 1 | 0 |

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

45.06

**SUBTOTAL** of Disbursements This Page (optional) .....

72.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88858</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>59.00</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88859</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 2 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>112.13</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88860</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>21.28</p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

192.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88861

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.84

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.57

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88863

Date of Disbursement

/   /

Amount of Each Disbursement this Period

169.69

**SUBTOTAL** of Disbursements This Page (optional) .....

226.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88865

Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

198.08

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88867

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

83.43

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88868

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

62.48

SUBTOTAL of Disbursements This Page (optional) .....

343.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.88869<br><b>Date of Disbursement</b>   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4100 Solutions Center<br>#774100   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 8 |  | 2 | 0 | 1 | 0 |
| M  | M   | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |       | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">62.48</td> </tr> </table>  | 62.48 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 62.48  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.88875<br><b>Date of Disbursement</b>   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4100 Solutions Center<br>#774100   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |       | 2 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">8.52</td> </tr> </table>   | 8.52  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 8.52   |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.88876<br><b>Date of Disbursement</b>   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4100 Solutions Center<br>#774100   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |       | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">16.00</td> </tr> </table>  | 16.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 16.00  |   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**87.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98525<br/> <b>Date of Disbursement</b><br/> <div>05 / 31 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>5.40</div></p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88877<br/> <b>Date of Disbursement</b><br/> <div>06 / 01 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>10.83</div></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88886<br/> <b>Date of Disbursement</b><br/> <div>06 / 02 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>64.17</div></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**80.40**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.   | <b>Transaction ID:</b> SB21B.88887<br><b>Date of Disbursement</b>          |
| Mailing Address 4100 Solutions Center<br>#774100  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 0</div> </div> |
| City Chicago State IL Zip Code 60677  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name   | <div> <div>203.46</div> <div>Category/Type</div> </div>                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.   | <b>Transaction ID:</b> SB21B.88888<br><b>Date of Disbursement</b>          |
| Mailing Address 4100 Solutions Center<br>#774100  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 1 0</div> </div> |
| City Chicago State IL Zip Code 60677  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name   | <div> <div>144.93</div> <div>Category/Type</div> </div>                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.   | <b>Transaction ID:</b> SB21B.88889<br><b>Date of Disbursement</b>          |
| Mailing Address 4100 Solutions Center<br>#774100  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 1 0</div> </div> |
| City Chicago State IL Zip Code 60677  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name   | <div> <div>51.00</div> <div>Category/Type</div> </div>                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**399.39**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88890

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.77

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88891

Date of Disbursement

/   /

Amount of Each Disbursement this Period

101.95

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.88896

Date of Disbursement

/   /

Amount of Each Disbursement this Period

91.43

**SUBTOTAL** of Disbursements This Page (optional) .....

220.15

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.   | <b>Transaction ID:</b> SB21B.88898<br><b>Date of Disbursement</b>          |
| Mailing Address 4100 Solutions Center<br>#774100  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 1 0</div> </div> |
| City Chicago State IL Zip Code 60677  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name   | <div> <div>173.41</div> <div>Category/Type</div> </div>                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.   | <b>Transaction ID:</b> SB21B.88900<br><b>Date of Disbursement</b>          |
| Mailing Address 4100 Solutions Center<br>#774100  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div> |
| City Chicago State IL Zip Code 60677  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name   | <div> <div>41.06</div> <div>Category/Type</div> </div>                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.   | <b>Transaction ID:</b> SB21B.88901<br><b>Date of Disbursement</b>          |
| Mailing Address 4100 Solutions Center<br>#774100  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 1 0</div> </div> |
| City Chicago State IL Zip Code 60677  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name   | <div> <div>201.82</div> <div>Category/Type</div> </div>                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**416.29**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88909</p> <p>Date of Disbursement<br/> <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>1 2</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>72.63</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88910</p> <p>Date of Disbursement<br/> <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>1 3</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>28.77</div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88911</p> <p>Date of Disbursement<br/> <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>1 4</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>59.46</div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**160.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88920</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>154.94</div> </div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88924</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>113.18</div> </div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88925</p> <p>Date of Disbursement<br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div> <div></div> <div>48.99</div> </div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**317.11**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88926</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>21.91</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88927</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>11.63</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88928</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 2 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period<br/>13.05</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

46.59

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88929

Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

18.46

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88934

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

173.38

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.88935

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

232.61

SUBTOTAL of Disbursements This Page (optional) .....

424.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 165

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88938

Date of Disbursement

/   /

Amount of Each Disbursement this Period

129.80

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88940

Date of Disbursement

/   /

Amount of Each Disbursement this Period

198.39

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center  
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88941

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.93

**SUBTOTAL** of Disbursements This Page (optional) .....

376.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88942<br/> <b>Date of Disbursement</b><br/> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>25.90</div> </p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98526<br/> <b>Date of Disbursement</b><br/> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 8 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>215.16</div> </p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center<br/>#774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement<br/>Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.98527<br/> <b>Date of Disbursement</b><br/> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div>145.84</div> </p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**386.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Paypal, Inc.  | <b>Transaction ID:</b> SB21B.98528<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4100 Solutions Center<br>#774100   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Chicago State IL Zip Code 60677   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">582.95</td> </tr> </table>   | 582.95  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 582.95   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>PC Assistance, Inc.   | <b>Transaction ID:</b> SB21B.88892<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3200 S. Shackleford<br>Suite 9   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 0 | 7 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 6   |         | 0 | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72205   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Office Expense<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">391.03</td> </tr> </table>   | 391.03  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 391.03   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>QualChoice  | <b>Transaction ID:</b> SB21B.88816<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 10825 Financial Centre Parkway   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 8 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 4   |         | 2 | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Little Rock State AR Zip Code 72211   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Employee Benefits - Health Insurance<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">1737.51</td> </tr> </table>  | 1737.51 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1737.51  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

2711.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>QualChoice   | <b>Transaction ID:</b> SB21B.88895<br><b>Date of Disbursement</b>   |
| Mailing Address 10825 Financial Centre Parkway   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>  |
| City Little Rock State AR Zip Code 72211   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Employee Benefits - Health Insurance  | <div> <div></div> <div>949.78</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Safe Foods   | <b>Transaction ID:</b> SB21B.88833<br><b>Date of Disbursement</b>   |
| Mailing Address 4801 North Shore Drive   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 1 0</div> </div>  |
| City North Little Rock State AR Zip Code 72118   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Office Rent   | <div> <div></div> <div>750.00</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Safe Foods   | <b>Transaction ID:</b> SB21B.88885<br><b>Date of Disbursement</b>   |
| Mailing Address 4801 North Shore Drive   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 0</div> </div>  |
| City North Little Rock State AR Zip Code 72118   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Office Rent   | <div> <div></div> <div>750.00</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

2449.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Safe Foods  | <b>Transaction ID:</b> SB21B.98664<br><b>Date of Disbursement</b>   |
| Mailing Address 4801 North Shore Drive   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>  |
| City North Little Rock State AR Zip Code 72118   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Office Rent   | <div> <div></div> <div>750.00</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Twin City Printing  | <b>Transaction ID:</b> SB21B.88832<br><b>Date of Disbursement</b>   |
| Mailing Address P.O. Box 15368   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 1 0</div> </div>  |
| City North Little Rock State AR Zip Code 72231   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Printing Expense  | <div> <div></div> <div>454.80</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Twin City Printing  | <b>Transaction ID:</b> SB21B.88879<br><b>Date of Disbursement</b>   |
| Mailing Address P.O. Box 15368   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 0</div> </div>  |
| City North Little Rock State AR Zip Code 72231   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Printing Expense  | <div> <div></div> <div>285.80</div> </div>  |
| Candidate Name   | <div> <div></div> <div>Category/<br/>Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1490.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Twin City Printing<br>Mailing Address P.O. Box 15368   | <b>Transaction ID:</b> SB21B.88893<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>  |
| City North Little Rock State AR Zip Code 72231<br>Purpose of Disbursement<br>Printing Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>820.70</div>  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Twin City Printing<br>Mailing Address P.O. Box 15368<br>City North Little Rock State AR Zip Code 72231<br>Purpose of Disbursement<br>Printing Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B.88913<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>299.89</div>  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Twin City Printing<br>Mailing Address P.O. Box 15368<br>City North Little Rock State AR Zip Code 72231<br>Purpose of Disbursement<br>Printing Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B.98667<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>1044.93</div> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2165.52**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address P.O. Box 8999

City State Zip Code  
San Francisco CA 94128

Purpose of Disbursement  
Credit Card Pmt. - See Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88824

Date of Disbursement

/   /

Amount of Each Disbursement this Period

716.81

**B.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88824.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address P.O. Box 619612 MD 2400

City State Zip Code  
DFW Airport TX 75261

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.88824.3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

633.80

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

716.81

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
Visa

Mailing Address P.O. Box 8999

City State Zip Code  
San Francisco CA 94128Purpose of Disbursement  
Credit Card Pmt - See Memos

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88826

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

3115.99

**B.**Full Name (Last, First, Middle Initial)  
Staples Direct

Mailing Address 500 Staples Drive

City State Zip Code  
Farmington MA 01702Purpose of Disbursement  
Office Supplies Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88826.0

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

140.54

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. Box 650661

City State Zip Code  
Dallas TX 75265Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88826.2

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

247.23

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

3115.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dish Network</p> <p>Mailing Address Department 0063</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement<br/>Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> SB21B.88826.3</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>59.15</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 9 |  | 2 | 0 | 1 | 0 | 59.15   |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 4  |   | 2 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 59.15  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Apple Online Store</p> <p>Mailing Address 1 Infinite Loop</p> <p>City Cupertino State CA Zip Code 95014</p> <p>Purpose of Disbursement<br/>Computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB21B.88826.7</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>2138.93</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 9 |  | 2 | 0 | 1 | 0 | 2138.93 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 4  |   | 2 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2138.93  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement<br/>Credit Card Pmt - See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88864</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1865.61</td> </tr> </table>                             | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 4 |  | 2 | 0 | 1 | 0 | 1865.61 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 5  |   | 2 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1865.61  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

**SUBTOTAL** of Disbursements This Page (optional) .....

1865.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>USPS</p> <p>Mailing Address 501 Commerce Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement<br/>Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                            | <p><b>Transaction ID:</b> SB21B.88864.2</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>352.00</div> </div> </p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dish Network</p> <p>Mailing Address Department 0063</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement<br/>Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> SB21B.88864.6</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>99.24</div> </div> </p> <p><b>[MEMO ITEM]</b></p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Staples Direct</p> <p>Mailing Address 500 Staples Drive</p> <p>City Farmington State MA Zip Code 01702</p> <p>Purpose of Disbursement<br/>Office Supplies Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.88864.7</p> <p><b>Date of Disbursement</b><br/> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b><br/> <div> <div></div> <div>197.07</div> </div> </p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
FAMILY RESEARCH COUNCIL ACTION

Mailing Address 801 G STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88864.8

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Visa

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Pmt - See Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88939

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

1229.03

**C.** Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 600 East Capital Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88939.0

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

384.51

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1229.03

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 501 Commerce Drive

City Maumelle State AR Zip Code 72113

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88939.1

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

46.24

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Dish Network

Mailing Address Department 0063

City Palatine State IL Zip Code 60055

Purpose of Disbursement  
Office Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88939.4

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

99.24

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 12309 Chenal Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Office Supplies Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88939.5

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

133.06

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 / 165

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address 2903 Sprinkle Avenue

City State Zip Code  
Memphis TN 38118Purpose of Disbursement  
Postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.88939.6

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

67.76

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 501 Commerce Drive

City State Zip Code  
Maumelle AR 72113Purpose of Disbursement  
Postage for Stutzman Campaign mailCandidate Name  
STUTZMAN FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: SB21B.88939.8

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

223.52

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 12309 Chenal Parkway

City State Zip Code  
Little Rock AR 72211Purpose of Disbursement  
Supplies for Stutzman mailerCandidate Name  
STUTZMAN FOR CONGRESSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: SB21B.88939.9

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

243.79

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

192161.93

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 165

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
BETH ANNE RANKIN FOR CONGRESS

Mailing Address P O Box 2160

City Magnolia State AR Zip Code 71754

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
BETH ANNE RANKIN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AR District: 04

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.98549

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
WILLIAM FLORES

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 17

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.98709

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
WILLIAM FLORES

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 17

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.98659

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 / 165

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
BOOZMAN FOR ARKANSAS

Mailing Address 322 NORTH BLOOMINGTON SUITE A-B

City State Zip Code  
LOWELL AR 72745Purpose of Disbursement  
Campaign ContributionCandidate Name  
JOHN BOOZMANCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.98599

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

5000.00

**B.**Full Name (Last, First, Middle Initial)  
CARROLL CAMPBELL FOR CONGRESS

Mailing Address PO BOX 20125

City State Zip Code  
CHARLESTON SC 29413Purpose of Disbursement  
Campaign ContributionCandidate Name  
CARROLL A III CAMPBELLCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 01

Transaction ID: SB23.98662

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

**C.**Full Name (Last, First, Middle Initial)  
CHUCK FLEISCHMANN FOR CONGRESS COMMITTEEMailing Address P.O. Box 11091  
SUITE 1000 JAMES BUILDINGCity State Zip Code  
Chattanooga TN 37401Purpose of Disbursement  
Campaign ContributionCandidate Name  
CHARLES J FLEISCHMANNCategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: SB23.98654

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 / 165

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.** Full Name (Last, First, Middle Initial)  
CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement  
Campaign ContributionCandidate Name  
ERIC ALAN RICK CRAWFORDCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: SB23.98546

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
DANIEL WEBSTER FOR CONGRESS

Mailing Address 3400 OLD WINTER GARDEN ROAD

City ORLANDO State FL Zip Code 32805

Purpose of Disbursement  
Campaign ContributionCandidate Name  
DANIEL WEBSTERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.98580

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID RIVERA FOR U.S. CONGRESS

Mailing Address PO BOX 520633

City MIAMI State FL Zip Code 33152

Purpose of Disbursement  
Campaign ContributionCandidate Name  
DAVID RIVERACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: SB23.98577

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A. Full Name (Last, First, Middle Initial)  
FAMILIES FOR JAMES LANKFORD**

Mailing Address 16121 WINDRUSH PL

City EDMOND State OK Zip Code 73013

Purpose of Disbursement  
Campaign ContributionCandidate Name  
JAMES LANKFORDCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 05

Transaction ID: SB23.98622

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**B. Full Name (Last, First, Middle Initial)  
FRIENDS OF DAVID HARMER**

Mailing Address 9321 SILVERBEND LANE

City ELK GROVE State CA Zip Code 95624

Purpose of Disbursement  
Campaign ContributionCandidate Name  
DAVID JEFFREY HARMERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: SB23.98572

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)  
FRIENDS OF DENNIS ROSS**

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  
Campaign ContributionCandidate Name  
DENNIS ALAN ROSSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: SB23.98583

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
CHARLES E SENATOR GRASSLEY

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.98605

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 732

City CLINTON State SC Zip Code 29325

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JEFF DUNCAN

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: SB23.98651

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JOE THE HON. WILSON

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.98637

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 / 165

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.** Full Name (Last, First, Middle Initial)  
KAREN DIEBEL FOR CONGRESSMailing Address 133 S HARBOR DRIVE  
#482

City VENICE State FL Zip Code 34285

Purpose of Disbursement  
Campaign ContributionCandidate Name  
KAREN DIEBELCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: SB23.98586

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

3500.00

**B.** Full Name (Last, First, Middle Initial)  
MULVANEY FOR CONGRESS

Mailing Address 9789 CHARLOTTE HWY SUITE 400-255

City INDIAN LAND State SC Zip Code 29707

Purpose of Disbursement  
Campaign ContributionCandidate Name  
JOHN MICHAEL 'MICK' MULVANEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.98648

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
NICK POPADITCH FOR CONGRESS

Mailing Address 937 CAMINO LA PAZ

City CHULA VISTA State CA Zip Code 91910

Purpose of Disbursement  
Campaign ContributionCandidate Name  
NICHOLAS ALLEN POPADITCHCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: SB23.98563

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 / 165

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.** Full Name (Last, First, Middle Initial)  
NUNNELEE FOR CONGRESSMailing Address 438 EAST MAIN ST  
PO BOX 7092

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Campaign ContributionCandidate Name  
PATRICK ALAN NUNNELEECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: SB23.98610

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
PAT MEEHAN FOR CONGRESSMailing Address 5035 TOWNSHIP LINE ROAD  
PO BOX 308

City DREXEL HILL State PA Zip Code 19026

Purpose of Disbursement  
Campaign ContributionCandidate Name  
PATRICK L MEEHANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.98624

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Campaign ContributionCandidate Name  
ROB PORTMANCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.98613

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.** Full Name (Last, First, Middle Initial)  
SCOTT WALLACE FOR US CONGRESS

Mailing Address PO Box 242600

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Campaign ContributionCandidate Name  
SCOTT WALLACECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 02

Transaction ID: SB23.88944

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
STAR PARKER FOR CONGRESS 2010

Mailing Address PO BOX 4625

City CARSON State CA Zip Code 90749

Purpose of Disbursement  
Campaign ContributionCandidate Name  
STAR PARKERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 37

Transaction ID: SB23.98567

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
STEVE CHABOT FOR CONGRESSMailing Address 3339 Harrison Ave.  
3014 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
Campaign ContributionCandidate Name  
STEVE CHABOTCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: SB23.98618

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
STUTZMAN FOR CONGRESS

Mailing Address 0250 W 600 N

City State Zip Code  
HOWE IN 46746Purpose of Disbursement  
In Kind Contribution - Fundraising Mail-OutCandidate Name  
MARLIN A STUTZMANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: SB23.98712

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

467.31

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
STUTZMAN FOR CONGRESS

Mailing Address 0250 W 600 N

City State Zip Code  
HOWE IN 46746Purpose of Disbursement  
Campaign ContributionCandidate Name  
MARLIN A STUTZMANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: SB23.98608

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**C.**Full Name (Last, First, Middle Initial)  
TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. Box 7526

City State Zip Code  
Little Rock AR 72217Purpose of Disbursement  
Campaign ContributionCandidate Name  
JOHN TIMOTHY GRIFFINCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 02

Transaction ID: SB23.98559

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>TIM SCOTT FOR CONGRESS   | <b>Transaction ID:</b> SB23.98628<br><b>Date of Disbursement</b>   |
| Mailing Address 1405 ASHLEY RIVER ROAD  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>   |
| City CHARLESTON State SC Zip Code 29407   | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>Campaign Contribution  | <div>2500.00</div>   |
| Candidate Name<br>TIMOTHY E SCOTT   | <div>Category/Type</div>   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>TOM GANLEY FOR CONGRESS  | <b>Transaction ID:</b> SB23.98616<br><b>Date of Disbursement</b>   |
| Mailing Address PO BOX 41331  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>   |
| City BRECKSVILLE State OH Zip Code 44141  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>Campaign Contribution  | <div>1000.00</div>   |
| Candidate Name<br>THOMAS D GANLEY   | <div>Category/Type</div>   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 13 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>TREY GOWDY FOR CONGRESS  | <b>Transaction ID:</b> SB23.98645<br><b>Date of Disbursement</b>   |
| Mailing Address PO BOX 3324   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>   |
| City SPARTANBURG State SC Zip Code 29304  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>Campaign Contribution  | <div>1000.00</div>   |
| Candidate Name<br>TREY GOWDY  | <div>Category/Type</div>   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 04 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
VAN TRAN FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City State Zip Code  
SACRAMENTO CA 95833Purpose of Disbursement  
Campaign ContributionCandidate Name  
VAN TRANCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 47

Transaction ID: SB23.98573

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
WALORSKI FOR CONGRESS INC

Mailing Address PO Box 954

City State Zip Code  
Mishawaka IN 46546Purpose of Disbursement  
Campaign ContributionCandidate Name  
JACKIE WALORSKI (SWIHART)Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.98590

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

50500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 158 / 165

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>'Trucker Randy' Bishop for State Senate  | <b>Transaction ID:</b> SB29.98672<br><b>Date of Disbursement</b>           |
| Mailing Address 8666 E. Traverse Highway  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> |
| <div> <div>City Traverse City State MI Zip Code</div> <div>Purpose of Disbursement Campaign Contribution</div> <div>Candidate Name 'Trucker' Randy Bishop</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: MI District:</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> | <b>Amount of Each Disbursement this Period</b><br><div>500.00</div>        |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Alan Wilson for Attorney General   | <b>Transaction ID:</b> SB29.98634<br><b>Date of Disbursement</b>           |
| Mailing Address P.O. Box 1453   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div> |
| <div> <div>City Columbia State SC Zip Code 29202</div> <div>Purpose of Disbursement Campaign Contribution</div> <div>Candidate Name Alan Wilson</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: SC District:</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>           | <b>Amount of Each Disbursement this Period</b><br><div>1000.00</div>       |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Ballentine for House   | <b>Transaction ID:</b> SB29.98678<br><b>Date of Disbursement</b>           |
| Mailing Address 1108 Belfair Way  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div> |
| <div> <div>City Irmo State SC Zip Code 29063</div> <div>Purpose of Disbursement Campaign Contribution</div> <div>Candidate Name Nathan Ballentine</div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: SC District:</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>         | <b>Amount of Each Disbursement this Period</b><br><div>500.00</div>        |

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bill Brady for Governor</p> <p>Mailing Address 1201 N. Clark<br/>Suite 300</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement<br/>Campaign Contribution</p> <p>Candidate Name<br/>Bill Brady</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                    | <p><b>Transaction ID:</b> SB29.98674</p> <p>Date of Disbursement<br/> <div> <div>06</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>2000.00</div> </p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Brian Birdwell for Texas State Senate</p> <p>Mailing Address P.O. Box 1111</p> <p>City Granbury State TX Zip Code 76048</p> <p>Purpose of Disbursement<br/>Campaign Contribution</p> <p>Candidate Name<br/>Brian Birdwell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 22</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB29.89017</p> <p>Date of Disbursement<br/> <div> <div>06</div> <div>17</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>500.00</div> </p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>David Dewhurst for Lieutenant Governor</p> <p>Mailing Address P.O. Box 756</p> <p>City Austin State TX Zip Code 78767</p> <p>Purpose of Disbursement<br/>Campaign Contribution</p> <p>Candidate Name<br/>David Dewhurst</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> SB29.89020</p> <p>Date of Disbursement<br/> <div> <div>06</div> <div>17</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period<br/> <div>500.00</div> </p>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.**Full Name (Last, First, Middle Initial)  
DeVore for CaliforniaMailing Address 4790 Irvine Boulevard  
Suite 105-191City State Zip Code  
Irvine CA 92620Purpose of Disbursement  
Campaign ContributionCandidate Name  
Chuck DeVoreCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: SB29.89007

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 3 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

**B.**Full Name (Last, First, Middle Initial)  
Erwin Cain for State Representative

Mailing Address P.O. Box 791

City State Zip Code  
Sulphur Springs TX 75483Purpose of Disbursement  
Campaign ContributionCandidate Name  
Erwin CainCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: SB29.89026

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

**C.**Full Name (Last, First, Middle Initial)  
Friends of Sam Teasley

Mailing Address P.O. Box 670051

City State Zip Code  
Marietta GA 30066Purpose of Disbursement  
Campaign ContributionCandidate Name  
Sam TeasleyCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: SB29.98589

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC**A.** Full Name (Last, First, Middle Initial)  
Hickerson State Representative Campaign Committee

Mailing Address P.O. Box 3126

City State Zip Code  
Texarkana AR 75504-3126Purpose of Disbursement  
Campaign ContributionCandidate Name  
Mary 'Prissy' HickersonCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Transaction ID: SB29.98548

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Jim Keet for Governor

Mailing Address P.O. Box 25436

City State Zip Code  
Little Rock AR 72221Purpose of Disbursement  
Campaign ContributionCandidate Name  
Jim KeetCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Transaction ID: SB29.98557

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Ken Paxton Campaign

Mailing Address 5613 S. Woodcreek Circle

City State Zip Code  
McKinney TX 76071Purpose of Disbursement  
Campaign ContributionCandidate Name  
Ken PaxtonCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 70

Transaction ID: SB29.89011

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 7 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 / 165

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |   |
|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Loftis for Treasurer   | <b>Transaction ID:</b> SB29.98642<br><b>Date of Disbursement</b>  |
| Mailing Address 701 Gervais Street<br>Suite 150-135   | <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> |
| City Columbia State SC Zip Code 29201   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Campaign Contribution  | <input type="text" value="1000.00"/>  |
| Candidate Name<br>Curtis Loftis   | <input type="text"/> Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mark Darr for Lieutenant Governor  | <b>Transaction ID:</b> SB29.89029<br><b>Date of Disbursement</b>  |
| Mailing Address 2605 W. Pleasant Grove Road<br>Ste. 202-50  | <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> |
| City Rogers State AR Zip Code 72758   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Campaign Contribution  | <input type="text" value="2000.00"/>  |
| Candidate Name<br>Mark Darr   | <input type="text"/> Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Matthew Shepard for Arkansas Representative  | <b>Transaction ID:</b> SB29.98547<br><b>Date of Disbursement</b>  |
| Mailing Address P.O. Box 12004  | <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> |
| City El Dorado State AR Zip Code 71730  | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement<br>Campaign Contribution  | <input type="text" value="500.00"/>   |
| Candidate Name<br>Matthew Shepard   | <input type="text"/> Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |

**SUBTOTAL** of Disbursements This Page (optional) .....**3500.00****TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HUCK PAC

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Phil King Campaign   | <b>Transaction ID:</b> SB29.98711<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 1913   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 7 |  | 2 | 0 | 1 | 0 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |         | 1 | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Weatherford State TX Zip Code 76086  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Campaign Contribution  | <table border="1"> <tr> <td>500.00</td> </tr> </table>  | 500.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 500.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Phil King   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Rick Quinn for House   | <b>Transaction ID:</b> SB29.98631<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 610 Spruce Glen Court   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 2 | 9 |  | 2 | 0 | 1 | 0 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 6   |         | 2 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lexington State SC Zip Code 29072  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Campaign Contribution  | <table border="1"> <tr> <td>500.00</td> </tr> </table>  | 500.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 500.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Rick Quinn  | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Team Vander Plaats   | <b>Transaction ID:</b> SB29.88947<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 2010   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 9 |  | 2 | 0 | 1 | 0 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 5   |         | 1 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Sioux City State IA Zip Code 51104   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Campaign Contribution  | <table border="1"> <tr> <td>2500.00</td> </tr> </table>   | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2500.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Bob Vander Plaats   | Category/<br>Type   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 165

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Todd Alan Smith Campaign

Mailing Address 1608 Airport Freeway

City Bedford State TX Zip Code 76022

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Todd Alan Smith

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 92

**Transaction ID:** SB29.89014

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Wes Enos for Iowa Senate

Mailing Address 409 5th Street NW

City Bondurant State IA Zip Code 50035

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Wes Enos

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District:

**Transaction ID:** SB29.98698

Date of Disbursement

05 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

19500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
HUCK PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
GSL Solutions, Inc.Nature of Debt (Purpose):  
Web Development/HostingMailing Address 1411 N. Westshore Boulevard  
Suite 204City State ZIP Code  
Tampa FL 33607

Outstanding Balance Beginning This Period

7018.50

Transaction ID: SD10.42477

Amount Incurred This Period

8930.21

Payment This Period

15948.71

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JPMS CoxNature of Debt (Purpose):  
Accounting & Compliance  
FeesMailing Address 11300 Cantrell Road  
Suite 301City State ZIP Code  
Little Rock AR 72212

Outstanding Balance Beginning This Period

6000.00

Transaction ID: SD10.67304

Amount Incurred This Period

12000.00

Payment This Period

18000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00